

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. *1007800* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1				1
4	1		1		1	
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
9		2		2		2
10		2		2		2
11		2		2		2
12		2		2		2
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22		2		2		2
23		2		2		2
24		2		2		2
25		2		2		2
26		2		2		2
27	1		1		1	
28		1		1		1
29		1		1		1
30	1		1		1	
31	1		1		1	
32	1		1		1	
33		2		2		2
34		2		2		2
35		2		2		2
36		2		2		2
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38		2		2		2
39		2		2		2
40		2		2		2
41		2		2		2
42		2		2		2
43		2		2		2
44	1		1		1	
45	2		2		2	
46	2		2		2	
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	73	73	77	77		
TOTAL CLAIMS	80		81			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
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99						
100						
TOTAL IND.		4				
TOTAL DEP.	89	89	77	77		
TOTAL CLAIMS	93					